



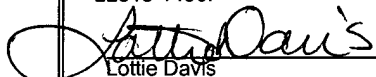
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/941,006 Confirmation No. 7032
 Applicant : KIMBLE, David E.
 Filed : 08/27/2001
 TC/A.U. : 2131
 Examiner : Sherkat, Arezoo
 Docket No. : TI-33210
 Customer No. : 23494
 For : FFIO Architecture With In-Place Cryptographic Service

AMENDMENT UNDER 37 C.F.R. §1.111 TRANSMITTAL FORM

Mail Stop Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

MAILING CERTIFICATE UNDER 37 C.F.R. §1.8(A) I
 hereby certify that this correspondence is being deposited
 with the United States Postal Service as first class mail in
 an envelope addressed to: Mail Stop Amendment,
 Commissioner for Patents, P. O. Box 1450, Alexandria, VA
 22313-1450.

 01/24/05
 Lottie Davis Date

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. Applicant is other than a small entity.

- (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension (months)	Fee for other than small entity
<input checked="" type="checkbox"/>	one month	\$ 120.00
<input type="checkbox"/>	two months	\$ 330.00
<input type="checkbox"/>	three months	\$ 570.00
<input type="checkbox"/>	four months	\$ 570.00

Fee \$ 1.20

If an additional extension of time is required please consider this a petition therefore.

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☐ An extension for _____ months has already been secured and the fee paid therefore of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Extension fee due with this request \$ 120.00

OR

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims		Minus	20	= 0	x \$18 =	\$ 0
Independent Claims		Minus	3	= 0	x \$86 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						\$ 0

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$ -0-

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,
Texas Instruments Incorporated

By 
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